



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

**GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953**

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <i>Babruella's Old Time Pizza</i>	Telephone Number () <i>765</i> () <i>573-6033</i>	Date of Inspection (mm/dd/yr) <i>7/11/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>602 Main St., Brooklyn</i>			
Owner <i>Babruella Padua</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>P - R - L</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>			
Person in Charge <i>Babruella</i>			
Responsible Person's E-mail <i></i>			
Certified Food Handler <i>Babruella Padua</i>	5/17/22		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/N/C	R	Narrative	To Be Corrected By
307	C		Pop nozzle had debris on them Need to be cleaned nightly - daily	Today
306(a)	C		The following non food contact area is soiled with dry food and other debris 1 Behind pizza oven wall floor 2 hole under ice machine 3 Pizza prep area to include the wall behind and inside	
			<p>P-Priority = critical</p> <p>PF - Priority Foundation = ASAP</p> <p>C-core = critical now</p>	

P-Priority = Critical
PF - Priority Foundation = ASAP
C-core = critical now

Received by (name and title printed):

Inspected by (name and title printed):

GABRIELLA PADUA, OWNER

Inspected by (signature):

Received by (signature):

Inspected by (signature):

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Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: 07/21/2025

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on 7-11-25

<u>DATE</u>	<u>ACTION TAKEN</u>
<u>07/11</u>	<u>POP NOZZLES CLEANED/DISINFECTED. PROPER PROTOCOL REVIEWED w/ STAFF</u>
<u>07/11</u>	<u>CLEANED ALL NON FOOD CONTACT AREAS w/ DEBRIS - WALL BEHIND OVEN, UNDER POP MACHINE, PREP STATION, & EQUIPMENT</u>

(Please forward this form to the Grant County Health Department by
Mail / Fax with 10 days)

Name GABRIELLA PADUA Title OWNER

Establishment GABRIELLA'S OLD TIME PIZZA

Address 120 E MAIN ST. GAS CITY, IN 46933

Attach additional sheets as needed.